

County	PM#	Objectives / Strategies	Action
Asotin	2	Continue to use our CD tracking form that follows the disease from initial notification to completion	Update staff on use
Asotin	2	Train additional staff to assist with disease investigations	
Asotin	2	Continue to improve assessment data for Asotin County	Attend State Assessment Meeting Compile data
Asotin	2	Assist with Standards preparation for communicable disease program	Update forms, policies and procedures, etc.
Asotin	2	Improve timely reporting of notifiable conditions	Work with providers to help them understand the importance of timely notification
Benton-Franklin	2	Conduct trainings for staff and community reporters on the policy for timely and complete case investigations	Facilitate a booth at medical society conference, use EPT manual for internal staff trainings, complete Smart PH training for patient interviewing
Benton-Franklin	2	Use and improve our CD tracking form to follow the disease from initial notification to completion	Convert paper tracking form to electronic form to improve efficiency of reporting and follow up
Benton-Franklin	2	Conduct quarterly reviews of local hospital newsletters in order to identify new providers in the community and engage them in the reporting process	Use blast fax system to notify providers of Washington State guidelines for reporting communicable diseases and availability of EPT treatment for STD partners
Benton-Franklin	2	Evaluate program activities based on performance measure data and revise strategies and activities as needed based on outcomes	Review monthly EPT and CD reports: Develop program activities based on data analysis
Chelan-Douglas	2	SAMPLE: Hire additional new staff; send to CD and PHIMs training; familiarize them with 2002 guidelines in PHIM; focus contact investigation and follow-up with every Chlamydia case.	Hire .5 FTE of disease investigator
Chelan-Douglas	2	SAMPLE: Conduct an in-house training on the policy for timely and complete case investigation	----
Chelan-Douglas	2	<p>Improve the quality and efficiency of the LHJ's communicable disease programs.</p> <p>Improve the CD reporting of local providers by increasing staff time invested in education for local providers.</p> <p>Increase the LHJ's community education activities on CD topics.</p>	<ol style="list-style-type: none"> 1. Maintain public health nursing CD position.. Position includes the role of CD Quality Improvement Coordinator. 2. Maintain PH Liaison/Health Educator and commit approximately 50% of the position to CD programs other than imms. 3. Maintain 0.5FTE Program Assistant position to assist professional staff, reducing professional time spent on clerical tasks. 4. Continue systematic review and update of all CD program policies, procedures and staffing. 5. Provide necessary training to enable all CD staff to implement improved policies and procedures.
Clallam	2	Standardize internal reporting system and procedures.	1.Review of 2009 CD cases and follow ups.

			2. Review of 2009 cases to ensure mandatory fields completed.
Clallam	2	Conduct an in-house training and case reviews on the procedure for timely and complete case investigation and reporting. Increase internal communication and tracking of CD cases for timely and complete case investigation.	1. Ongoing training for CD Staff on PHIMS reporting procedures. 2. Conduct regular in-house training on the policy for timely and complete case investigation. 3. Training for staff on new reporting requirements and team approach to investigations including biweekly case conferences. 4. Expand internal database and tracking system. 5. Continue bi-annual provider meetings through Region 2 Liaisons to update reporting requirements. 6. Continue quarterly Region 2 newsletters to providers.
Clark	2	Maintain staff to accomplish performance measure 2 activities	Maintain 1.0 FTE Health Educator 1.0 Epidemiologist
Clark	2	Provide annual mailings to health care providers and laboratories to identify notifiable conditions reporting requirements per WAC.	Send Health Officer letter and poster to all healthcare providers and laboratories in Clark County.
Clark	2	Conduct monthly QI checks of PHIMS entries to ensure complete entry of all essential fields and reports to DOH within required timeframes.	Use monitoring tool; document PHIMS QI checks; report results to CD team; train as needed to ensure compliance.
Clark	2	Conduct staff training on required timeframes for responding to reports of notifiable conditions, for reporting to DOH, and in completing investigations.	Health educator provides training curriculum based on QI checks and assist with training of ID or Department staff.
Clark	2	Increase knowledge and awareness of reporting notifiable conditions and timely reporting among healthcare providers/labs in Clark County. Provide onsite consultation.	Health educator provides training to health care providers based on PHIMS QI reports and incomplete outbreak or NC reports. Visit health care providers' offices and labs, participate in the Infectious Disease Advisory Committee or mail letters from the Health Officer.
Columbia	2	Train current staff (RN, Admin, EH) on use of PHIMS.	Register RN, Administrator, and EHS for Digital Certificate and PHIMS training
Columbia	2	Investigate and follow-up on every notifiable condition.	Timely and complete case investigation & reporting via PHIMS.
Cowlitz	2	Contract with Clark count LHM for clinical nurse supervision and leadership to ensure performance improvement in core services and activities of statewide significance. Based upon the findings of the nurse assessment which include but are not limited to 1) ensure that communicable disease notification and investigation are performed in a clinically appropriate manner; 2) that charting meets accreditation and community standards for like clinics; 3) that investigations occur within appropriate timelines following accepted protocols; 4) that performance improvement systems are instituted that continue to monitor and improve practice in these areas; 5) Publish quarterly newsletters to providers and other identified groups.	Contracted services
Cowlitz	2	Focus contact investigation and follow-up with Chlamydia cases and enhance contact tracing of partners of Gonorrhea cases. Develop and maintain a Communicable Disease notification process with all the providers in the area and expanding the audience to include school nurses, teachers and other audiences identified by mobilizing state educational services and making them available within the schools. Provide support to the reproductive health coalition. Provide support to the	Epidemiologist Public Health Nurse

		STD program manager as needed in doing HIV/STD counseling and testing, STD case investigations and contact tracing.	
Cowlitz	2	Focus contact investigation and follow-up with Chlamydia cases and enhance contact tracing of partners of Gonorrhea cases	Epidemiologist Public Health Nurse
Grant	2	Personal visit annually to each healthcare provider or clinic, and hospital for education regarding notifiable conditions reporting. Include laboratory directors / staff.	Staff will update communicable disease “binder” information to share with providers, maintain electronically to provide e-mail updates.
Grant	2	Personal visit by PHN to STD reporting entities to further acquaint them with Expedited Partner Therapy and to enhance their readiness for participation in client interviews and other program aspects for 2011.	0.3 FTE PHN will be dedicated to EPT program. (52 HOURS/MONTH, 12 HOURS/WEEK) NEW: CD nurse will discuss at infection control visits .
Grant	2	Internal quality improvement in notifiable conditions reporting.	In response team 4 to 6 times a year, investigation will review most recent PHIMS reporting data, such as cases reported, investigated, completed in timeframe, and will refine protocols to address deficiencies. Review of PHIMS data will be a regular part of the Response Team agenda.
Grays Harbor	2	None	
Jefferson	2	Maintain current Communicable Disease Program staffing levels to ensure the ability to meet performance measures.	1. Continue increased CD RN staffing, to ensure consistent CD program back-up coverage, fulfill objectives and carry out focused contact investigation and follow-up with every Chlamydia case.
Jefferson	2	Conduct Monthly QA review of notifiable conditions cases for timely and complete case investigation.	1. Review cases entered into PHIMS each month. 2. Complete/update information in PHIMS as needed during monthly review of cases. 3. Share results of review of cases with CD Program team.
Jefferson	2	Improve web page for communicating to providers about notifiable conditions issues, outbreaks, and reporting.	1. Continue to improve and update the new provider page. 2. Post the newly developed notifiable conditions reporting form on the provider page and inform the providers about its location.
Jefferson	2	Visit provider clinics and hospitals to provide public Health updates, including notifiable conditions updates.	1. Support Region 2 Public Health Liaison biannual visits to all provider clinics and hospitals. 2. Participate in the discussion and decision about prioritization of issues for each upcoming round of visits. 3. Attend Jefferson Healthcare's quarterly Infection Control meetings.
Kitsap	2	Maintain increased staffing and training to provide timely CD investigation using PHIMS, PHIMS-STD and PHREDS.	• 1.5 FTE Nurse Epidemiologist (Epi Nurse) to increase response time to CD referrals.
Kitsap	2	Educate providers on notifiable conditions and the need for timely reporting.	• Community Liaison to visit every provider (at least yearly) to provide education and updates on notifiable conditions and reporting timeframes. • Provider notebooks with section on notifiable conditions. • Include CD reporting component in biannual provider immunization educational update; Epi Nurse visits to providers as needed.
Kitsap	2	Conduct monthly QA checks of PHIMS to assure investigation initiation and reporting to DOH within required timeframes	• Continue to monitor PHIMS to assure initiation/reports to DOH within required timeframes.

			<ul style="list-style-type: none"> • Train as needed.
Kitsap	2	Maintain contact investigation of every Chlamydia case	<ul style="list-style-type: none"> • Continue contact investigation with every Chlamydia case. • Continue provider education to increase the use of EPT.
Kittitas	2	SAMPLE: Hire additional new staff; send to CD and PHIMs training; familiarize them with 2002 guidelines in PHIM; focus contact investigation and follow-up with every Chlamydia case.	Hire .5 FTE of disease investigator
Kittitas	2	SAMPLE: Conduct an in-house training on the policy for timely and complete case investigation	----
Kittitas	2A	Increase rates of notifiable conditions reported within required timeframe by providers through educational trainings.	<ul style="list-style-type: none"> • Provide CD training to all providers on an annual basis. • New providers will receive CD training within one month of active practice.
Kittitas	2B	Improve database capabilities for reporting communicable diseases and bidirectional sharing of health information with providers.	<ul style="list-style-type: none"> • Build a CD reporting template into our county's EMR health information exchange. • Develop two new reportable disease EMR templates for public health staff. • Facilitate the activation of a bidirectional functional link of CD template reporting directly into PHIMS (Currently we have double data entry)
Kittitas	2B & 2C	Meet Washington State's DOH reportable disease requirements for case investigation timeframes and completeness of reporting requirements by assuring adequate communicable disease staffing to perform disease investigations, coordinate outbreak responses and complete surveillance and reporting activities.	<ul style="list-style-type: none"> • Incorporate use of current disease investigation protocols into annual performance expectations of staff. • Annually review and revise, if needed, the disease investigation protocols. • Perform a cost analysis for increase in hours for a CD clerk for data entry, and additional public health nurse hours for CD and TB work • Prepare and evaluate annual disease surveillance report summary • Improve school-based absenteeism surveillance system. • Ensure access to regional epidemiologist with .2 FTE routine support. • Develop enhanced protocols for TB outreach and case management.
Kittitas	2B	After Action Reports will be used to update policies and procedures to ensure a more complete investigation process.	<ul style="list-style-type: none"> • Conduct After Action QAs with LHJ staff and medical providers to identify areas for improvement. • Implement quality improvement measures by incorporating changes into the policies and procedures, reporting forms and EMR templates.
Kittitas	2C	Increase completeness of essential data entry fields into PHIMS database through in house staff training and utilization of PHIMS training tools.	<ul style="list-style-type: none"> • Conduct quarterly quality improvement chart reviews. • Ensure all new CD nurses receive PHIMS training and ongoing performance evaluations to determine additional training needs.

Klickitat	2	Visit local providers/labs to update/reinforce CD reporting requirements	Contact each provider/lab set appt.
Klickitat	2	Provide local Reportable Disease Guideline book to partners	Update and distribute book to all partners
Klickitat	2	Keep new local providers informed of CD reporting, contacts and local information	Maintain regular contact with partners Read local newspapers regularly to identify when new providers come to this area Send "Welcome" letter to each new provider with appropriate info
Lewis	2	Sustain efforts to improve timeliness and completeness of provider reporting, including communicable diseases and STD's	On-going contact with providers. Identify new providers and support staff. Provide continuous education regarding notifiable conditions and reporting requirements. Notify providers of new changes in reporting requirements, including updated reporting forms.
Lewis	2	Sustain efforts to improve timeliness and completeness of laboratory reporting of notifiable conditions	On-going contact with lab personnel. Provide continuous education regarding notifiable conditions and reporting requirements.
Lewis	2	Sustain efforts of LHJ to initiate and complete CD investigations within specified timeframe.	Initiate and complete investigation within specified timeframe.
Lincoln	2	Improve timely notifiable condition reporting by providers	Train healthcare providers on notifiable condition reporting requirements. Educate Medical Assistants on notifiable conditions reporting requirements. Assure providers have 24/7 health department reporting contact information. Provide monthly updates to providers regarding notifiable conditions.
Lincoln	2	Improve timely response to notifiable condition reports by health department staff	Utilize quality improvement strategies to review notifiable conditions tracking procedures to identify gaps and delays in response. Train staff based on identified gaps
Lincoln	2	Increase efficient utilization of phims system	Provide phims training to health department staff to efficiently utilize the tool.
Lincoln	2	Utilize current epidemiology and disease investigation protocols	Review and update Health Department communicable disease response manual and provide training to staff.
Mason	2	Improve reporting of STD notifiable conditions in community provider offices where screening of STD's is less common due to practice focus.	Review reporting policies and procedures with community providers, collaborate on individualized provider systems that will prompt complete and timely reporting and conduct performance review.
PHSKC	2a	Participate with WaDOH and other local health jurisdictions to clarify and agree on definitions for reporting requirements in this performance measure, and update internal Public Health protocols to standardize timelines and content for disease reporting and investigation in order to enhance tracking of performance measures and seek quality improvement	Communications with WaDOH. Revise protocols.
PHSKC	2b	Assure adequate staffing to perform disease investigation, surveillance, outbreak response, and reporting activities of the PHSKC Communicable Disease Immunization Section including meeting WA State requirements: 1. Conduct case and outbreak surveillance and disease response activities within target time frames. 2. Assure availability of medical epidemiologist and staff to assist with investigations and disease control activities 3. Produce annual surveillance summary. 4. Assure use of current, standardized disease investigation protocols by staff	Employ medical epidemiologist and support staff in the Communicable Disease Section. Incorporate use of current disease investigation protocols into annual performance expectations of staff. Continue annual review and revision (as necessary) of disease investigation protocols.

PHSKC	2c	Improve database content and analysis capabilities for communicable diseases, and decrease incorrect and missing data in communicable disease database	Conduct quality assurance checks of communicable disease data. Implement systems to decrease rate of data errors. Correct disease naming and classification of historical data.
PHSKC	2d	Improve HIV/AIDS enhanced analytical capabilities to improve early and timely reporting of HIV and AIDS cases and disseminating of epidemiological reports.	Employ Epidemiologist
Skagit	2	Review and maintain a current list of county providers bi-annually.	Communicate to new providers in county regarding reportable conditions to LHJ
Skagit	2	Report conditions to DOH in a timely manner as outlined by WAC. Case investigations will be initiated within the timeframes specified in the guidelines. Case investigations will have all essential fields completed before filing with DOH.	Review essential fields, reporting timelines. Emphasize notification timeframes when communicating with providers and laboratory reporters.
Skagit	2	Maintain existing CD reporting staff levels at LHJ and insure that they are trained in updates for reporting that come from DOH	Have regular CD staff meetings throughout the year to review updates for CD reporting
Skagit	2	Continue quality assurance of TB case investigations and reporting in PHIMS	We will continue to participate in TB cohort reviews when we have a case to present and to report and update cases in a timely manner.
Skamania	2	Increase staff knowledge on CD and reporting regulations	Replace staff Orient new staff to PHIMS Continued training for all staff annually.
Skamania	2	Increase timely reporting from the medical providers	Communicate with the local clinic regarding the importance of timely reporting to HD. Investigate and follow up on every notifiable condition.
Snohomish	2	DIS staff will conduct timely and complete case investigations for Chlamydia and Gonorrhea.	Timely and complete case investigation and reporting via PHIMS-STD
Snohomish	2	DIS staff will increase the percent of reported Chlamydia and Gonorrhea cases in which a follow-up interview is completed.	Complete abbreviated interview and report data in PHIMSSTD
Snohomish	2	Establish Viral Hepatitis Prevention & Outreach (VHPO) Program, including communication with providers and clients	Hire staff member. Through brochures, email, phone and site visits, staff will inform community providers about the VHPO Program.
Snohomish	2	VHPO staff will provide information and referral for 75% of the VHPO clients reported with Hepatitis C	Information packets will be prepared and provided to clients reported to be Hepatitis C positive
Snohomish	2	VHPO staff will increase access to HCV testing and education	Implement testing and education at county jail, juvenile services, syringe exchange, homeless shelters, methadone treatment centers and other locations targeting high risk populations.
Snohomish	2	Hire 2 additional new staff for communicable disease prevention and response activities in child care settings.	Hire .5 FTE PHN; .5 EHS;
Snohomish	2	Orient new EH employee to CD protocols for disease investigations. Familiarize with environmental health issues in child care settings.	Cross train with CD Program staff on protocols for disease investigations. Become familiar with DOH disease guidelines for reporting and surveillance.
Snohomish	2	Orient new PHN to CD protocols for disease investigations. Familiarize with health care issues in child cares.	Cross train with CD Program staff on protocols for disease investigations. Become familiar with DOH disease guidelines for reporting and surveillance.

Snohomish	2	New staff will develop understanding of the WACS and RCW's pertaining to communicable disease control and child cares.	Review of WA laws pertaining to childcares including Title 170 and Chapter 170-295. Review Chapter 246-101-415 and 420, responsibilities of child day care facilities and schools.
Snohomish	2	Reduce transmission of notifiable communicable diseases in child care settings.	Follow up on notifiable disease reports via field investigations; assess for additional cases, exposures in child care, review immunization records if indicated, assess sanitation practices, provide educational disease fact sheets and parent letters, and implement exclusions.
Snohomish	2	Child care staff will be educated regarding communicable disease reporting requirements.	Provide information to child care staff re. Reporting requirements; provide LHJ contact information for reporting.
Snohomish	2	Develop a STD Clinical services voucher program to engage community health care providers to treat STD patients who have been identified by the Disease Investigation Specialists (DIS) as needing diagnosis and are also indigent. The vouchers will be an enticement for patients to be interviewed by DIS to identify partners at risk of STD for counseling and treatment through the expedited partner therapy program. This is a transition program to address a community wide need when the STD clinic was closed.	Develop a transitional STD Clinical Services voucher program.
Snohomish	2	Engage community clinics to accept the voucher sand provide the STD clinical services on an urgent care basis	Release an RFP and develop news stories about the program
Snohomish	2	Implement the program by writing the STD clinic service vouchers and track patients to assure treatment was delivered.	DIS will interview clients referred by Laboratories or ERs and determine which clients have both STD symptoms and are indigent, provide the client with a voucher and track the patient to assure treatment.
Spokane	2	SAMPLE: Hire additional new staff; send to CD and PHIMs training; familiarize them with 2002 guidelines in PHIM; focus contact investigation and follow-up with every Chlamydia case.	Hire .5 FTE of disease investigator
Spokane	2	SAMPLE: Conduct an in-house training on the policy for timely and complete case investigation	----
Spokane	2	Investigate at least 50% of reported chlamydia and 80% of reported gonorrhea cases reported.	Update investigation procedures and standing orders; ensure adequately trained staff. Develop protocols to support internet-based partner notification and health education.
Spokane	2	Provide partner notification services, as appropriate, to named contacts identified from case investigations to ensure testing and treatment as appropriate.	Refer partners for testing and monitor success of referrals, provide Expedited Partner Therapy (EPT), identify gaps in care and work with STD Medical Coalition to address.
Spokane	2	Conduct limited chlamydia/gonorrhea screening and treatment of at-risk, low-income clients under Health Officer standing orders.	Ensure standing orders are kept up-to-date and staff are appropriately trained.
Spokane		Improve timeliness and completeness of STD reporting.	Identify and contact poor reporters; continue to conduct and assess rapid cycle improvement projects to improve reporting.
Spokane	2	Maintain relationships with IPP sites to support ongoing chlamydia/gonorrhea screening opportunities.	Work with DOH staff to contact sites at least once annually to coordinate programming between agencies, identify opportunities to improve screening rates, and to identify training needs and opportunities.
Spokane		Conduct ongoing outreach to healthcare providers to improve delivery of	Facilitate a local medical coalition to provide peer-to-peer outreach;

		STD-related care.	maintain quality resources and materials to support HCP in their practices, including maintenance of the STD Toolkit for HCP developed in 2008.
Spokane		Ensure access to quality STD-related training opportunities.	Hold annual STD update in collaboration with Seattle STD/HIV Prevention Training Center; continue to host grand rounds presentations via the STD Medical Coalition's professional speaker's bureau (at least 2 for 2010).
Spokane		Advocate among medical providers for the use of Expedited Partner Therapy (EPT) as a partner management strategy.	Participate in the UW/DOH EPT study. Monitor utilization of EPT among reporting physicians/clinics; conduct outreach to increase utilization among those slow to adopt in conjunction with rapid cycle improvement project to increase timely reporting.
Spokane		Work with community partners to develop and implement web-based education and interventions to support STD prevention and control.	Promote the "Daily Risk" sexual health website developed in 2009; work with public school professionals to integrate into health education curricula; hold a teen "Videofest" to promote peer adolescent health and disease prevention messages; host videos on Daily Risk website and distribute to community partners.
Spokane		Conduct detailed analysis of STD case report data.	Analyze case report and behavioral data gathered from case investigation interviews to identify trends and issues to address with targeted intervention. Develop report with findings.
Tacoma-Pierce	2	Improve timely and complete investigation of reported cases of non-STD,HIV or Hepatitis reportable conditions	<ul style="list-style-type: none"> Audit reported cases of non-STD,HIV or Hepatitis reportable conditions to ensure data are entered correctly, ensure investigations are complete and identify opportunities to improve timeliness of reporting
Tacoma-Pierce	2	Maintain increased percentage of chlamydia cases interviewed	<ul style="list-style-type: none"> Implement case review process for in-house staff training, technical assistance, and capacity building. Maintain monthly reporting so staff can see productivity and improvement in their work.
Tacoma-Pierce	2	Promote expedited partner therapy (EPT) to increase treatment of partners exposed to Chlamydia.	<ul style="list-style-type: none"> Promote provider EPT through 1) provider training and visits from Network Nurses and 2) Surveillance Case Report conversations with providers.
Tacoma-Pierce	2	Educate Pierce County providers of reporting requirements for notifiable conditions.	<ul style="list-style-type: none"> Use Network Nurses to visit all providers in the county likely to report a notifiable condition to encourage timely reporting. Use Surveillance Case Reporting staff to inform providers about reporting requirements for STDs and HIV. Produce and distribute to providers a quarterly newsletter sharing notifiable condition data and encouraging timely reporting.
Tacoma-Pierce	2	Ensure appropriate training of CD Control staff and protocols to ensure timely and complete investigation of notifiable conditions.	<ul style="list-style-type: none"> Conduct review of internal protocols for investigating notifiable conditions, assess performance and conduct staff training as necessary.
Tacoma-Pierce	2	Evaluate above objectives/strategies to determine effectiveness of interventions.	<ul style="list-style-type: none"> Use Epidemiologist to coordinate evaluation plan, data collection and data analysis.

Wahkiakum	2	Focus contact investigation and follow-up with every STD case.	Train new PHN in PHIMS and follow up procedures
Wahkiakum	2	Conduct an in-house training on the policy for timely and complete case investigation	Training to take place by 7/1/2001
Walla Walla	2	Refine the process used by WWCHD to report notifiable conditions	1. Compare lab results with receipt of disease reports to more quickly contact providers and obtain required information by telephone. 2. Utilize continuous quality improvement techniques to meet the WAC 246-101 requirements
Walla Walla	2	Increase identification and treatment of partners to reduce spread of infection	Encourage providers who initially diagnose disease to identify and treat partners immediately.
Walla Walla	2	Compile and track number of partners treated relative to case numbers	Conduct Chlamydia investigations.
Walla Walla	2	Ensure that providers are kept current on notifiable conditions and reporting requirements	Take posters and 1-page instruction sheets to individual providers.
Walla Walla	2	Increase use of PHIMS by health department CD staff	Report all STDs to the state through PHIMS.
Walla Walla	2	Increase CD staff knowledge of emerging diseases	Allow for continuing education re: emerging diseases for communicable disease staff. This could include Epi Roadshow attendance.
Whatcom	2	Increase the percentage of notifiable conditions reported to LHJ by providers within the required timeframe (per WAC)	<ul style="list-style-type: none"> ▪ Revisit providers two times each year (in 2010 and 2011) and update "Provider Notebook" with new information.
Whatcom	2	Increase the percentage of notifiable conditions reported to LHJ by the hospital within the required timeframe (per WAC)	<ul style="list-style-type: none"> ▪ Maintain routine surveillance of laboratory confirmed cases and hospitalized patients per Theradoc program. ▪ Continue to investigate disease clusters identified through ESSENCE syndromic surveillance program.
Whatcom	2	Maintain currently high levels of investigations initiated within the timeframe specified in the Guidelines.	<ul style="list-style-type: none"> ▪ Continue to update investigation protocols and train staff in their use. ▪ Maintain PHIMS reporting.
Whatcom	2	Increase the percentage of completed investigations as indicated on completed fields in the PHIMS reporting system.	<ul style="list-style-type: none"> ▪ Initiate staff peer review of PHIMS reporting.
Whatcom	2	Continue to improve investigation and follow-up of sexually transmitted diseases to ensure adequate treatment. By December 31, 2010, investigate at least 20% of Chlamydia and 60% of Gonorrhea cases including contact follow up.	<ul style="list-style-type: none"> ▪ Revise GC task to reflect plan for increased investigations.
Whatcom	2	Continue investigation and reporting of Hepatitis C cases.	<ul style="list-style-type: none"> ▪ Continue current assignment of staff to this task.
Yakima	2	Communicate the importance of timely reporting of Notifiable Conditions [NC] to all health care providers and laboratories in Yakima County.	<ul style="list-style-type: none"> • Continue annual communication to providers with summary of Yakima County NC for previous year. • Continue to identify new providers to educate re: NC reporting and make available NC posters and YHD contact information. • Contact new and existing providers. Offer site visits to discuss YHD assistance with reporting. • Provide onsite or phone consultation as needed. • Continue mailing of bimonthly YHD Bulletin to communicate current NC issues and encourage reporting. • Continue use of blast fax to inform and communicate to providers urgent reporting issues. Train additional staff in use of system to assure availability as needed.

Yakima	2	Assure Notifiable Conditions [NC] investigations are initiated, completed, and reported to DOH within the defined guidelines.	<ul style="list-style-type: none"> NC staff to continue to participate in performance measures technical assistance calls. 5930 Expand staff training on required time frames and other required reporting fields. Explore use of electronic medical records for case reports and supporting data to improve storage issues and security. Explore and Implement process for secure file transfer.
Yakima	2	Maintain and update a QI system for PHIMS entries to ensure timeliness and completion of essential fields.	<ul style="list-style-type: none"> Refine and maintain the monitoring tool. Continue review of PHIMS entries on a quarterly basis. Provide documentation of QI checks. Provide results of QI to NC staff. Initiate and implement needed changes. Explore use and storage of electronic medical records/case reports and supporting data.
Yakima	2	Develop and implement a web based Yakima County Health Care Provider's Resource Manual for Notifiable Conditions.	<ul style="list-style-type: none"> Contact all practices and clinics for orientation on use of the manual. Provide training and/or instructional DVD. Continue to assess "user friendliness" of manual. Develop needed updates and changes, Contact new providers and orient them to use of manual as needed.
Yakima	2	Continue activities related to PHIMS User Group [PUG] to provide input and communication to and from DOH and Yakima Health District Staff.	<ul style="list-style-type: none"> Participate in scheduled conference calls or meetings. Provide input. Contact IT staff when issues or concerns develop.
Adams	2	PHIMS and PHRED data will be picked up and entered within the required timeframe. STD reports will be entered into PHIMS STD and EPT/missing partner management plan will increase 5%. The first quarter of 2009 the missing partner management plan for EPT (expedited partner therapy) was 81%,by the 4th quarter of 2009 the missing partner management plan was 27%.	Assessment coordinator will contact local providers and laboratories at least quarterly regarding the timeliness requirements for notification of LHJ. The assessment coordinator will be the lead and resource for CD staff entering data and notify staff of incomplete PHIMS reports quarterly.
Adams	2	Provide information to LHJ staff annually regarding CD timeliness reporting per PHIMS	Assessment coordinator will report at annual staff meeting in 2010.
Adams	2	Improve LHJ use of CD data and understanding of assessment/trending and tracking of data.	Assessment coordinator assists with CD graphs and explanation of trending. Explains to staff as needed and annually at all staff meeting.
Adams	2	Provide annual updates to providers re: the public health emergency contact information, notifiable conditions posters and CD manual updates.	To be done in July 2010
Garfield	2	SAMPLE: Hire additional new staff; send to CD and PHIMs training; familiarize them with 2002 guidelines in PHIM; focus contact investigation	Hire .5 FTE of disease investigator

		and follow-up with every Chlamydia case.	
Garfield	2	SAMPLE: Conduct an in-house training on the policy for timely and complete case investigation	----
Garfield	2	Staff education and to maintain/increase knowledge and improve skills in communicable disease investigation.	Salaries for education.
Garfield	2	Case audits will be done yearly for staff to improve timeframes and thoroughness of investigations.	Salaries for staff
Garfield	2	Provider and public education about notifiable disease	Staff salary to educate public and providers, and maintain GCHD website
San Juan	2	2-A/B Provide phone outreach to providers when lab reports of NC are received to assure prompt reporting is achieved and investigation is initiated.	<ul style="list-style-type: none"> • Maintain 0.10 FTE of PHN disease investigator • Provide NC Report forms and Reporting Guidelines to gain assistance from providers with our reporting needs and improve their knowledge of disease control methods.
San Juan	2	2-C Conduct an in-house training on the policy for timely and complete case investigation.	<ul style="list-style-type: none"> • Review, revise (if necessary) distribute and discuss policy with staff
Okanogan	2	Continue to improve on disease investigation initiation and timeframe guidelines per WAC by visiting each clinic to discuss guidelines with designated CD staff and medical providers	Retain CD PHN (1 FTE) PHN will visit each clinic and hospital to discuss updates on reporting, timeliness
Okanogan	2	Improve CD staff knowledge in disease investigation and guidelines by continuing education opportunities such as Epi Roadshow attendance, iLinc sessions	CD PHN will demonstrate knowledge of guidelines by improving timeliness of completed investigation and PHIMS data entry ----
Okanogan	2	CD PHN will continue to stay current on PHIMS/PHRED by data improvements in entry, timeliness, completed essential fields	PHN will participate in PHIMS updates
Thurston	2	SAMPLE: Hire additional new staff; send to CD and PHIMs training; familiarize them with 2002 guidelines in PHIM; focus contact investigation and follow-up with every Chlamydia case.	Hire .5 FTE of disease investigator
Thurston	2	SAMPLE: Conduct an in-house training on the policy for timely and complete case investigation	----
Thurston	2	Monitor baseline (current measures) and periodic improvements in the timeliness of notifiable conditions reported through the Public Health Issue Management System (PHIMS), the timeliness of staff initiating and completing investigations on these conditions.	Review with staff timeliness reports generated through PHIMS by both our agency and DOH bi-monthly and look for opportunities to improve.
Thurston	2	Provide information to reporting partners through multiple methods to stress the importance of timely reporting by partners to local health	Distribute information about reporting to partners through: <ul style="list-style-type: none"> • Epi Info newsletters • CD Updates • Training to PSPH Residency Program • Dr Yu and hospital Grand Rounds • Nurse liaisons • Web site
Thurston	2	Assure notifiable condition are reported, investigations are initiated, completed and reported to DOH within guidelines.	Identify opportunities to improve the notifiable conditions reporting system (timeliness, completeness) using PDSA Rapid Cycle Improvement strategies. Work toward 100% compliance to affect change in immediately notifiable conditions and 2 – 3 other

			conditions or attributes of reporting where timeliness and completeness are an issue.
Island	2	Provide training opportunities for new communicable disease staff to become effective in CD investigation.	Develop and follow a training plan with specific timelines for completion.
Island	2	Standardize disease investigation to provide greater consistency and timeliness.	CD and STD staff leads will provide regular training and assistance to all staff involved in CD-related tasks.
Island	2	Increase use and understanding of PHIMS.	Invite PHIMS trainer to All Health and PHIMS-user meetings to provide educational presentation.
Island	2	Increase timeliness and completeness of provider reporting.	Schedule and visit each provider 1x per year to introduce staff, answer questions and provide educational materials – specifically: notifiable conditions list and local STD statistics.
Island	2	Increase laboratory reporting of notifiable conditions.	Schedule and visit or send informational correspondence to lab personnel 1x per year to educate regarding notifiable conditions reporting.
Island	2	Track communicable disease investigation activity timelines and compare to required timelines.	Log each CD report call date and monitor reporting sources. Compare ICPH response times to required standards.
Pacific	2	Assure timeliness of initiating CD response, data entry utilizing PHIMS and completion of investigation	Retain .28 FTE Public Health Nurse(s) (\$24,856) Assign CD leads at each county site. Communicate CD and after hours contact with local partners Annual QI review of timeliness of reporting and annual workplan development for CD program Update department Notifiable Conditions protocol to reflect any changes in reporting, etc.
Pacific	2	Facilitate contact follow up investigation for individuals testing positive for STDs at nacelle youth camp juvenile facility and	Receive, enter and forward CD reports received by the Youth Camp to the county of residence
Pacific	2	Improve/assure timeliness and completeness of provider reporting of notifiable conditions	Conduct annual on-site visit with all providers to provide updated materials, reporting requirements, etc